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**\*BIBDATASHEET\***

CONFIRMATION NO. 3431

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/076,514 | <b>FILING OR 371(c)<br/>DATE</b><br>02/19/2002<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY<br/>DOCKET NO.</b><br>52203 |
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 04/02/2002**

|  |  |                                |                               |                                    |
|--|--|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>GERMANY | <b>SHEETS<br/>DRAWING</b><br>1 | <b>TOTAL<br/>CLAIMS</b><br>11 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                                |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature                   | Initials                       |                               |                                    |

**ADDRESS**

26474

**TITLE**

Crystalline choline ascorbate

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|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>740 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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